

CAB, 1st ID Soldier Integration Checklist



Soldier's Name:		Soldier's Gaining Battalion/Squadron (if known):
Sponsor's Name:		Soldier's Gaining Company/Troop (if known):
Soldier's Report Date (On Orders):		Soldier's Actual (or projected) Report Date:
Item	Paperwork Required and Remarks	Initials from CAB Representative (S1 or FRSA)
Installation Inprocessing Complete?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Copy of PCS Orders and Divison Orders to CAB?	Submit Copy of Orders and/or 4187 and Sign-In on DA 647	
SGLI and DD93	Submit Copy of SGLI and DD93	
CAB FRSA	ALL Soldiers must inprocess Ms. Jane White in room 124	





Company/Troop Soldier Integration Checklist

INSERT
UNIT
LOGO

Shop	Item	Paperwork Required and Remarks	Mark Complete / Initials from Shop Representative
Orderly Room Building # XXX Room # XXX	Add Soldier to Alpha Roster, Alert Roster, DTMS, Duty Roster		
	Submit Copy of PT Card and Weapons Cards	Date of Last APFT: _____ Date of last weapons qual: _____	
	Submit Copy of DA31	Submit DA31 (to include PTDY)	
	Copy of SRP Packet (create one if required)		
	Complete ID Tag Request for SRP Packet (if Required)		
	Is Soldier Flagged? <input type="checkbox"/> YES <input type="checkbox"/> NO	Reason Soldier is Flagged: _____	
	Submit Copy of Training Certificates for DTMS	(i.e. Combatives, CLS, HAZMAT, SHARP)	
	Acknowledgement of Motorcycle Responsibilities (if Applicable)	Counseled by Company Motorcycle Mentor	
Supply	Soldier Have Any Pending Schools? (FR28 or ATRRS) <input type="checkbox"/> YES <input type="checkbox"/> NO	Course: _____ Dates: _____	
	Complete POV Inspection Sheet, Defensive Driving Course (if applicable)		
Supply	Submit Copy of CIF Records / Submit Clothing Record	Form 710-2, E4 and Below will be inventoried by First Line Supervisor	
	Provide copy of Orders	Copy of Orders	
	Issue PT Belt and Unit Patches/Crests	<input type="checkbox"/> Blue - Officer <input type="checkbox"/> Green - NCO <input type="checkbox"/> Yellow- Enlisted	
	Additional Unit Equipment Issue	Sign DA2062	
	Hand Receipt Holder Counseling	Read and Sign DA4856	
	Provide Sign OCIE Memo (E5 and above only)	Sign Memo stating all OCIE is accounted for	
CBRN	Mask Fit Test Conducted	PATS testing	
	Issue Pro-Mask	DA Form 2062	
	Issue JLIST (when applicable)	DA Form 2062	
Arms Room	Weapon(s) assigned and Weapons Card(s) issued	DA Form 3645	
	Master Authorization List Updated	Arms Room Access Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Master Driver	Update DA 348 (Operator's Permit)	Date of Issue: _____	
	Commander's Interview and Written Test	Date of Completion: _____	
	Add Soldier to ULLS Box		
	Accident Avoidance Training Complete?	Submit Copy of Certificate	
Unit Medic	Verify Medical records are at TMC (Air Crew Members get upslip at TMC)		
	MEDPROS Status	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
	Date of Last SRP?		
	Cuurently on Profile? Type of Profile?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
UPL	Brief Soldier regarding unit Policy		
Air Crew Members Only	Company SP/SI: Schedule Soldier for Fort Riley LAO Class	Course Date: _____	
	Company SP/SI: Create Flight Records Folder for new Soldier	Designate FAC Level and create CTL	
	Company SP/SI: Include signed copy of Flight Physical in Records	DA Form 4186	

Instructions: Fill out all Information, Put N/A for questions that do not apply to you or your family. We will **NOT** give out **ANY** information to anyone who is not listed on this questionnaire.

- ☐ Brigade Copy
☐ Battalion/Squadron Copy
☐ Company/Troop Copy

Assigned To:

- | | | |
|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> 1-1 ARB | <input type="checkbox"/> 2-1 GSAB | <input type="checkbox"/> 3-1 AHB |
| <input type="checkbox"/> 1-6 CAV | <input type="checkbox"/> 601 ASB | <input type="checkbox"/> CAB HQ |
| <input type="checkbox"/> HHC | <input type="checkbox"/> A | <input type="checkbox"/> B |
| <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |



1st CAB, 1st ID
Soldier/Family Data Sheet



Privacy Act Statement: This information is for Official Use Only. The information contained in this family support sheet is considered confidential and will only be used in the event of an emergency involving the family member. The Commander will maintain this information and allow leaders access for official purposes. This voluntary information is required to provide timely assistance to your family in times of need.

Soldier Information	First:	Middle:	Last:	Rank:	Last 4:
	DOB:	Email:		Battalion:	Company:
	Phone #:	Primary MOS:	Secondary MOS:	ASI:	DOR:
	BASD:	ETS:	Religion:	Blood Type:	Promotable: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Street Address:	City:		State:	Zip code:
	Security Clearance:	Race:	EFMP: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Family Care Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO	Joint Domicile: <input type="checkbox"/> YES <input type="checkbox"/> NO
	POV Info/ Year:	Make:	Model:	Color:	Primary Language:
	Spouse Information Soldier Married? <input type="checkbox"/> YES <input type="checkbox"/> NO	First:	Middle:	Last:	DOB:
Street Address:		City:		State:	Zip code:
Email:		Home Phone:		Cell:	Work:
Place of Employment:		Anniversary:			
Is your Spouse interested in volunteering for the FRG? <input type="checkbox"/> YES <input type="checkbox"/> NO			Does your Spouse have a driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your Spouse speak English? <input type="checkbox"/> YES <input type="checkbox"/> NO			Does your Spouse have access to a vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is your Spouse expecting a baby? <input type="checkbox"/> YES <input type="checkbox"/> NO /hen is the Child Expected? _____			Dual Military: <input type="checkbox"/> YES <input type="checkbox"/> NO If so, What Unit? _____		
Dependant Information Soldier have additional dependants? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name:	DOB:	Resides with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	School Attending?	
	Name:	DOB:	Resides with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	School Attending?	
	Name:	DOB:	Resides with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	School Attending?	
	Name:	DOB:	Resides with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	School Attending?	
	Name:	DOB:	Resides with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	School Attending?	
	Name:	DOB:	Resides with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	School Attending?	
	Who in the local community is authorized to pick up your Children from School/Daycare in the event your spouse is not available?				
	Name:	Phone#:	Power of Attorney to care for Child? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Name:	Phone#:	Power of Attorney to care for Child? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	What is your Families Primary Language?				
Are any of your Dependants enrolled in EFMP? If Yes, what are their special Needs? <input type="checkbox"/> YES <input type="checkbox"/> NO					

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Assigned To:		
<input type="checkbox"/> Brigade Copy	<input type="checkbox"/> 1-1 ARB	<input type="checkbox"/> 2-1 GSAB
<input type="checkbox"/> Battalion/Squadron Copy	<input type="checkbox"/> 1-6 CAV	<input type="checkbox"/> 601 ASB
<input type="checkbox"/> Company/Troop Copy	<input type="checkbox"/> HHC	<input type="checkbox"/> A
	<input type="checkbox"/> B	<input type="checkbox"/> C
	<input type="checkbox"/> D	<input type="checkbox"/> E



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Emergency Address (Primary Next of Kin)	First Name:	Last:	Relationship to Soldier:	
	Street Address:		City:	State: Zip code:
	Home Phone:	Cell Phone:	Work Phone:	Email:
Emergency Address (Secondary Next of Kin)	First Name:	Last:	Relationship to Soldier:	
	Street Address:		City:	State: Zip code:
	Home Phone:	Cell Phone:	Work Phone:	Email:
Deployment Information	Will you be storing your POV during the Deployment?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, Where?
	Tag Number:	State Registered:		Make: Model:
	Will your Household Goods be Stored over the Deployment?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, Where?
	Will your Family stay in the area during the deployment?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, provide alternate address below
	Street Address:		City:	State: Zip code:
	Contact Phone Numbers		Home:	Cell:

Soldier's Printed Name _____ Soldier's Signature _____ Date: _____

Please Ensure your AKO Profile and Global Email (using MilConnect website) is updated to reflect current information

